MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 51-C

02301

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH:
County Talbot
City or town Fairbank
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insf. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jacob B. Bradshaw

3. (b) Social Security Number

4. Sex: male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widower
6 (b) Name of husband or wife: Mary V. Bradshaw
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Feb. 19 1876

8. AGE: Years 64 | Months ✓ | Days 5 | If less than one day hrs. min.

9. Birthplace: Deals Island (Town, county, and state)
10. Usual occupation: Waterman
11. Industry or business

FATHER
12. Name: Andrew Jackson Bradshaw
13. Birthplace: Deals Island Md

MOTHER
14. Maiden name: Sarah E. Price
15. Birthplace: Deals Island Md

16. Informant: Robert Bradshaw
Address: Fairbank Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 27, 1940 (month) (day) (year)
Cemetery ~~or crematory~~ Cemetery
Location: Fairbank Md.

18. Funeral director: Newnam & Harrison
Address: St. Michaels Md.

19. Feb 26 1940 (Date rec'd by registrar) G. F. Jackson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1940, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1938 19 , to Feb 24 1940, and that I last saw him alive on Feb 24 1940

Immediate cause of death: Cancer Prostate gland (Carcinoma) — DURATION 1½ yrs
Due to: Brights Disease — 3 mo
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Guy M Reese Md. M. D. or other
Address: Tilghman Md Date signed Feb 25 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47-d)

CERTIFICATE OF DEATH

02302

Reg. Dist. No. 2-90

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: 6 S. Hanson

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 36 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Talbot

City or town: Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 6 S. Hanson

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Charlotta E. Bray

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: W. R. Bray

6(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): Oct 21 - 1877

8. AGE: Years	Months	Days	If less than one day
62	4	1	____ hrs. ____ min.

9. Birthplace: Salisbury Wicomico Co (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

MOTHER FATHER

12. Name: Samuel Williams

13. Birthplace: Salisbury, Md.

MOTHER

14. Maiden name: Charlotta Turner

15. Birthplace: Salisbury Md.

16. Informant: W. R. Bray

Address: Easton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/24/40 (month) (day) (year)

Cemetery or crematory: Spring Hill

Location: Easton Md.

18. Funeral director: J. A. Spurrier

Address: Easton

19. 2/23 1940 (Date rec'd by registrar) N. H. Merrey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 22 1940, at 3:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1939, to 2-22-1940, and that I last saw her alive on 2-21-1940

Immediate cause of death	DURATION
Carcinoma of Lung	6 months
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: P. S. Cox M. D.

M. D. or other

Address: Easton Md. Date signed 2-23-40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02303

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 4 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infant, give residence of mother)
State Maryland County Caroline
City or town Ridgely Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ceplus

3. (b) Social Security Number none

4. Sex: Male
5. Color or race: Black
6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1940

8. AGE: Years — Months — Days — If less than one day — hrs. — min.

9. Birthplace Easton, Talbot Co. Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name George Gould
13. Birthplace Pennsylvania

MOTHER
14. Maiden name Adeline Ceplus
15. Birthplace Ridgely, Md -

16. Informant Adeline Ceplus
Address Ridgely, Md -

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 2/20/40 (month) (day) (year)
Cemetery or crematory Emergency Hospital
Location Easton

16. Funeral director Emergency Hospital
Address Easton

19. 2/20 19 40 M. H. Norris
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19, 1940, at 6 15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death	DURATION
Therapeutic Abortion (3 months)	2/19/40
Due to Carcinoma of Mother	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Mother
Exploratory of Mother
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. M. Palmer M. D. or other
Address Easton Date signed 2/20/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

(140-F) (46-F) 09304

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (hrs., or mos., or days) 12 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Ridgely Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Adeline Sephus

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1903

8. AGE: Years	Months	Days	If less than one day
36	4	21	hrs. min.

9. Birthplace Ridgely, Md. (town, county, and state)
10. Usual occupation Housework
11. Industry or business
FATHER 12. Name William Sephus
13. Birthplace Caroline Co. Md.
MOTHER 14. Maiden name Elma Pritchett
15. Birthplace Caroline Co. Md.
16. Informant Hattie Lockwood Address Ridgely, Md.
17. Burial, cremation, or removal? Which? Burial, Date thereof 2/27/40 (month) (day) (year)
Cemetery or crematory Denton cemetery
Location Denton
18. Funeral director R. B. Rawlings Address Greensboro Md.
19. 2/26 40 N. H. Nevins (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1940, at 2 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 13 1940, to Feb. 24 1940, and that I last saw her alive on Feb. 24 1940.

Immediate cause of death	DURATION
Pelvic Peritonitis	
Due to abortion	
Due to	
Other conditions Carcinoma Liver	

(Include pregnancy within 3 months of death)
Major findings:
Of operations Therapeutic Abortion
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. H. Palmer M. D. or other
Address Easton Md. Date signed 2-26-40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

62305

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 6 hours 45 min

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jones Chance

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 12, 1940

8. AGE: Years | Months | Days | If less than one day 7 hrs. 45 min.

9. Birthplace Easton Md (Town, county, and state)

10. Usual occupation Newborn

11. Industry or business

FATHER 12. Name Gaitley Lane

13. Birthplace Ridgely Md

MOTHER 14. Maiden name Sarah Ethel Chance

15. Birthplace Centerville Md

16. Informant Sarah Ethel Chance

Address Easton Md

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 2/13/40 (month) (day) (year)

Cemetery or crematory Emergency Hospital

Location Easton

18. Funeral director Emergency Hospital

Address Easton

19. 2/13 1940 (Date rec'd by registrar) N. H. Neirius Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12 1940, at 11:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to Feb. 12 1940, and that I last saw him alive on Feb. 12 1940.

Immediate cause of death Prematurity

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 7 hrs

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. E. Cox M. D. M. D. or other

Address Easton Md Date signed 2-13-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1862

02306

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 mo. 3 da.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Easton - Trappe Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs. Flora Elizabeth Dawson

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John H. E. Dawson
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1860

8. AGE: Years 79 yrs. | Months 5 | Days 25 | If less than one day hrs. min.

9. Birthplace Talbot Co.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name David Smith
13. Birthplace Delaware

MOTHER 14. Maiden name Emily Ball
15. Birthplace Talbot Co.

16. Informant Miss Elizabeth Dawson
Address Trappe, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 2/10/40
(month) (day) (year)
Cemetery or crematory Spring Hill Cemetery
Location Easton, Md.

18. Funeral director Maurice E. Spencer & Son
Address Easton, Md.

19. 2/8 1940 H. H. Nevitt
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7 1940 at 3:32 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 3 1940 to Feb. 7 1940
and that I last saw h alive on Feb 7 1940

Immediate cause of death	DURATION
Pulmonary Embolism	30 min
Due to Fractured Hip	5 weeks
Due to Fall	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of Jan. 3, 1940
Where did injury occur? Talbot County Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Home
Means of Injury Fall Injured at work? No

23. SIGNATURE Everett D. Bugg, M.D.
M. D. or other
Address Easton, Md. Date signed Feb. 8, 1940

RECEIVED
MAR 8 1940
BUREAU V. S.

02307

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 79

1. PLACE OF DEATH:

County: Talbot

City or town: Oxford
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 73 yrs 8 mos 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Talbot

City or town: Oxford Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Jesse Addison Delahay

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name ~~of husband~~ or wife: Anna Josephine Bridges

6 (c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): June 1, 1866

8. AGE: Years: 73 Months: 8 Days: 3 If less than one day: hrs. min.

9. Birthplace: Trappe Talbot Co, Md
(Town, county, and state)

10. Usual occupation: Storekeeper

11. Industry or business: (Retired)

FATHER
12. Name: Jarimah Delahay
13. Birthplace: Oxford Md

MOTHER
14. Maiden name: Henrietta A. Barnes
15. Birthplace: Dorchester Co Md

16. Informant: Hayman Delahay
Address: Oxford, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Feb. 6, 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Near: Oxford, Md
Location: Oxford, Md

18. Funeral director: Maurice E. Newnam & Son
Address: Easton Md

19. Oct 5 1940 (Date rec'd by registrar) Joseph A Ross Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 4th 1940, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 1935, to Feb. 4th 1940, and that I last saw him alive on Feb. 3rd 1940.

Immediate cause of death: Cardiac decompensation — Duration: Instant

Due to: Chronic myocarditis — 5 years

Due to:

Other conditions: Bronchiectasis — (?)

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Joseph A Ross Md
M. D. or other
Address: Trappe Md Date signed: 2/5/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

CERTIFICATE OF DEATH

012308

Reg. Dist. No. 290

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Easton Emergency

Stay in hospital or inst. (yrs., or mos., or days) 3 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Q. A.

City or town Stevensville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert Earreckson

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 30, 1865

8. AGE:

Years	Months	Days	If less than one day
74	7	3	hrs. min.

9. Birthplace Kent Island

(Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

FATHER

12. Name Robert Earreckson

13. Birthplace Kent Island Md

MOTHER

14. Maiden name Susan Weeden

15. Birthplace Kent Island Md

16. Informant J. Roland Cazille

Address Stevensville

17. Burial Date thereof Feb. 5-40

(Burial, cremation, or removal? Which?) (month) (day) (year)

Cemetery or crematory Stevensville

Location Stevensville

18. Funeral director J. C. Thomas

Address Stevensville. Md

19. 2/3 1940 N. H. Meeres

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3 1940, at 9:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1 1940 to Feb. 3 1940, and that I last saw him alive on Feb. 3 1940.

	DURATION
Immediate cause of death (1) First Degree Burns of Face	2 days
(2) Uremia	2 days
Due to Bladder stone	3
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Ot operations

Ot autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 2-1-40

Where did injury occur? Stevensville Qa. Md

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Home burned Injured at work? No

23. SIGNATURE J. E. Cox M. D.

M. D. or other

Address Easton Md Date signed

RECEIVED
MAR 6 1940
BUREAU V. S.

02309

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

Reg. Dist. No. 79

1. PLACE OF DEATH:
County Talbot
City or town Trappe
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) Entire life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Rural near Trappe Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Mary Elizabeth Fisher

3. (b) Social Security Number no

4. Sex Female
5. Color or race colored
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Harry Fisher
6 (c) If alive, give age 49 years
7. Birth date of deceased (mo., day, yr.) Aug. 17 - 1889

8. AGE: Years 50 Months 5 Days 24 If less than one day hrs. min.

9. Birthplace Trappe Talbot Co. Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Thomas Smith
13. Birthplace Balto Co.
MOTHER 14. Maiden name Irene Hopkins
15. Birthplace Talbot Co.
18. Informant Harry Fisher
Address Trappe Md. R.D.
17. Burial Date thereof Feb. 16, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Colored Cemetery
Location Near Trappe Md.
18. Funeral director Maurice E. Newnam & Son
Address Easton Md.
19. Feb. 16 1940 Joseph A. Ross Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13, 1940, at 3P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 9, 1940, to Feb. 13 1940, and that I last saw her alive on Feb. 13, 1940.

Immediate cause of death Bronchi pneumonia — DURATION 2/9/40
Due to Extreme Exposure
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Haywood T. Webb M. D. ~~or other~~
Address Easton, Md Date signed 2/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 2 1940
BUREAU V. S.

02310

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-2

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 mos. 18 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 104 Port Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Edward Gates

3. (b) Social Security Number 316-03-8955 Ross

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Black	married

6 (b) Name of ~~husband~~ or wife M. Ella Gates

6(c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) May 22 - 1890

8. AGE:

Years	Months	Days	If less than one day
49	8	13	hrs. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Butler

11. Industry or business Private Home

FATHER
12. Name Alexander Gates
13. Birthplace Easton, Md. R. D.

MOTHER
14. Maiden name Elizabeth Sampson
15. Birthplace Easton, Md. R. D.

16. Informant Ella Gates
Address Easton, Md.

17. Easton Date thereof 2/8/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Richards

Location Easton

18. Funeral director John D. Williams
Address Easton Md

19. 2/6 1940 N. H. Neirus
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5 1940, at 5 37 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 18 1939, to Feb. 5 1940, and that I last saw him alive on Feb. 5 1940.

Immediate cause of death Decompensation

Due to Luetic Heart

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION
since Nov. 18, 1939
Prior to adm.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. N. Palmer
M. D. or other
Address Easton Md Date signed 1/5 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Dr Webb 02311

Reg. Dist. No. 290

1. PLACE OF DEATH
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emaline Gibson
3. (b) Social Security Number none

4. Sex Female
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Eugene Gibson
6(c) If alive, give age Dead years
7. Birth date of deceased (mo., day, yr.) Mar 22 - 1855
8. AGE: Years 84 Months 10 Days 12 If less than one day hrs. min.
9. Birthplace Royal Oak Md (Town, county, and state)
10. Usual occupation Housework
11. Industry or business
FATHER 12. Name Elijah Howard
13. Birthplace Royal Oak Md
MOTHER 14. Maiden name Emily Gibson
15. Birthplace Royal Oak Md
16. Informant Annie E. Johns
Address Easton Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 7 40 (month) (day) (year)
Cemetery or crematory Richard Cemetery
Location Easton, Md.
18. Funeral director John D. Nuccioino
Address Easton Md.
19. 2/6 1940 (Date rec'd by registrar) N. H. Neiries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 - 1940 19 , at 7 a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 2 1939 to Feb 3 1940, and that I last saw him alive on Feb 3 1940.
Immediate cause of death Chronic Myocarditis — DURATION 2 years
Due to overwork
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Hayward T. Webb M. D. ~~or other~~
Address Easton, Md Date signed Feb 3 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 8 1940
BUREAU U. S.

02312

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Easton, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Martha Goldsborough

3. (b) Social Security Number No.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Philip Goldsborough

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1892

8. AGE: Years 48 | Months | Days 8 | If less than one day hrs. min.

9. Birthplace Ft. Charles Mo.
(Town, county and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Dr. Samuel R. Johnson.
13. Birthplace Unknown

MOTHER
14. Maiden name Eppie Adams.
15. Birthplace Unknown

16. Informant Philip Goldsborough
Address Easton, Maryland

17. Burial Date thereof Feb. 16, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Spring Hill
Location Easton. Md.

18. Funeral director James A Spencer
Address Easton Md.

19. 2/16 1940 N. H. Merrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14, 1940, at 3:25 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 14 1940, to Feb. 14 1940, and that I last saw h[illegible] alive on Feb. 14 1940.

Immediate cause of death	DURATION
Coronary Thrombosis	1 day
Due to Chronic Myocarditis	5 yrs.
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. M. [illegible] Stevens M. D. or other
Address Easton Md. Date signed 2-14-40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 49-a

02313

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot.
City or town Easton R.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: "Outside"
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 17 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot.
City or town Easton R.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural, give LOCATION)
2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Mary Rich Hardin

3. (b) Social Security Number No.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Single.

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 7, 1880

8. AGE:

Years	Months	Days	If less than one day
60	0	18.	hrs. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business

FATHER
12. Name Chas. Henry Hardin.
13. Birthplace Md.

MOTHER
14. Maiden name Ann Elizabeth Pastorfield.
15. Birthplace Md.

16. Informant William B. Hardin.
Address Easton, Md.

17. Burial Date thereof Feb. 22, 1940
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Spring Hill.
Location Easton. Md.

18. Funeral director Jared A. Spencer.
Address Easton, Maryland

19. 2/21 1940 N. H. Norris
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1940, at 6 45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1938, to 2-20 1940, and that I last saw h alive on 2-20 1940.

	DURATION
Immediate cause of death Carcinoma of ovary	
Due to & metastasis to pelvic	
Due to glands & bowel	2 yrs +
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [illegible] M.D.
M. D. or other
Address Easton Md Date signed 2-21-40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (12-E)

02314

CERTIFICATE OF DEATH

Reg. Dist. No. 7-91

1. PLACE OF DEATH:

County Talbot

City or town St. Michaels
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Near Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Talbot

City or town St. Michaels Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Fannie Hopkins

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife Lazarus Hopkins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
abt. 90 Unknown	Estimated at 96 years	hrs.	min.

9. Birthplace Chestertown, Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Charles Miller

Address St. Michaels, Md.

17. ~~St~~ Burial (Burial, cremation, or removal. Which?) Date thereof 2/24/40 (month) (day) (year)

Cemetery or crematory St. Michaels, Maryland

Location

18. Funeral director J. N. Marshall

Address St. Michaels, Md.

19. Feb 24 1940 (Date rec'd by registrar) John Horwaka Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 22, 1940, at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1, 1940 to Feb. 22, 1940; and that I last saw her alive on Feb. 22, 1940

Immediate cause of death	DURATION
Uremia	
Due to Brights' Disease, Chronic. Duration: twelve months or over	
Due to Arteriosclerosis	
Due to Senility	
Other conditions Hypertension	

(Include pregnancy within 3 months of death)

Major findings: None

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE T. A. Edwards M.D., M. D. or other

Address St. Michaels, Md Date signed 2-24-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02315

Reg. Dist. No. 2-9-0

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hosp.

Stay in hospital or inst. (yrs., or mos., or days) 30 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne's

City or town Centreville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John J. Hunter

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Widower

6 (b) Name of ~~husband~~ or wife Madora Jones

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 1 - 1847

8. AGE: Years	Months	Days	If less than one day
92 yrs	2	2	hrs. min.

9. Birthplace Bridgetown, Maryland (Town, county, and state)

10. Usual occupation Retired farmer

11. Industry or business

FATHER 12. Name Joseph Hunter

13. Birthplace Bridgetown, Md - Dont know

MOTHER 14. Maiden name

15. Birthplace

16. Informant Walter D. Hunter Address Centreville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feby 6-40 (month) (day) (year)

Cemetery or crematory Hillsboro

Location Hillsboro, Maryland

16. Funeral director Barton Bros Address Centreville, Md

19. 2/3 (Date rec'd by registrar) 19 40 N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 19 40, at 2 20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 4 19 40, to Feb 3 19 40, and that I last saw him alive on Feb 3 19 40.

	DURATION
Immediate cause of death (Pneumonia)	1 week
Due to Fractured hip	30 days
Due to Fall	
Other conditions Generalized debility + senility	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide? Accident Date of 1/4/40

Where did injury occur? Centreville (City or town) Queen Anne (County) Md. (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Fell on ice Injured at work? No

23. SIGNATURE Ernest L. Bagg, M.D. M. D. or other

Address Easton, Md. Date signed 2-5-40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02316

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:
County: Talbot
City or town: St. Michaels, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: St. Michaels Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mose A. Johns

3. (b) Social Security Number: 212-14-4966

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife: Mary E. Johns
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 3, 1872

8. AGE: Years	Months	Days	If less than one day
67	8	8	hrs. min.

9. Birthplace: St. Michaels, Talbot, Md.
(Town, county, and state)

10. Usual occupation: Barber

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Md

MOTHER
14. Maiden name: Unknown
15. Birthplace: Md.

16. Informant: Ophelia M. Pinkney
Address: Claiborne, Maryland

17. Claiborne, Md. (Burial, cremation, or removal. Which?) Date thereof Feb. 14, 1940 (month) (day) (year)

Cemetery or crematory: Claiborne, Md.

Location: Same

18. Funeral director: J. Norman Marshall
Address: St. Michaels, Maryland

19. Feb 14 1940 (Date rec'd by registrar) John Harwales Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 11, 1940, at 1a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb.1, 1940 to Feb.11, 1940
and that I last saw him alive on Feb.10, 1940

Immediate cause of death: Acute Uremia — DURATION: Several yrs

Due to: Arteriosclerotic Nephritis

Due to:

Other conditions: Generalized Arteriosclerosis, Lues
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ## Date of
Where did injury occur? ## (City or town) ## (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: P. A. Lewis M.D.
M. D. or other
Address: St. Michaels, Md. Date signed 2/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02317

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 7 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Caroline
City or town Federalsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Perry Johnson

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	Single

6 (b) Name of husband or wife —
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16, 1931

8. AGE:

Years	Months	Days	If less than one day
8	8	—	hrs. min.

9. Birthplace Caroline Co. Md.
(Town, county, and state)
10. Usual occupation School boy
11. Industry or business
FATHER 12. Name James Johnson
13. Birthplace Caroline Co. Md
MOTHER 14. Maiden name Marian Cluff
15. Birthplace Virginia
16. Informant James Johnson
Address Federalsburg Md. R.F.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/19/40 (month) (day) (year)
Cemetery or crematory Federalsburg
Location Federalsburg Md.
18. Funeral director J. J. Frampton Son
Address Federalsburg, Md.
19. 2/17 (Date rec'd by registrar) 1940 M. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16 1940, at 9.01 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 9, 1940, to Feb. 16, 1940, and that I last saw him alive on Feb. 16, 1940

Immediate cause of death	DURATION
Meningitis	3 wks.
Due to Tuberculosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Eleanor H. McCoy (M. D. or other)
Address Easton, Md. Date signed 2-20-40

RECEIVED
MAR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02318

Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Nearitt
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) unknown

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot
City or town Nearitt PO Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William T. Johnson Sr.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Bessie Lichfield
6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) May 28 1865

8. AGE: Years 74 | Months 8 | Days 10 | If less than one day ____ hrs. ____ min.

9. Birthplace Germany
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace Unknown
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown
16. Informant William T. Johnson Jr.
Address Nearitt Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 6, 1940 (month) (day) (year)
Cemetery or crematory Cemetery
Location Nearitt, Md.
18. Funeral director Newnam & Harrison
Address St. Michaels Md.
19. Feb 6 1940 (Date rec'd by registrar) John Harvala Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4, 1940, at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 15, 1939, to Feb. 4, 1940 and that I last saw him alive on Feb 3, 1940

	DURATION
Immediate cause of death Ventral Disease	3 1/2 months
Due to Chr. Rheumatism	
Due to Arteriosclerosis general Senility	
Other conditions Scrotal Hernia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE F. V. Stevens M.D.
M. D. or other
Address St Michaels Md Date signed 2/6/40

E.L.-I.
MAR 5 1940
BUREAU V. S.

02319

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(1242)

CERTIFICATE OF DEATH

Reg. Dist. No. 792

1. PLACE OF DEATH:

County Talbot

City or town near Oxford

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 7 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town Near Oxford, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Adolf Kochn

3. (b) Social Security Number No

4. Sex M

5. Color or race W.

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Theodosia Campbell Kochn

6(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Jan. 10th 1875

8. AGE: Years 65 Months 1 Days 7 If less than one day ___ hrs. ___ min.

9. Birthplace Germany (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name August Kochn

13. Birthplace Germany

MOTHER 14. Maiden name Marie (?)

15. Birthplace Germany

16. Informant Chas Campbell Kochn

Address near Oxford, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof Feb. 17, 1940 (month) (day) (year)

Cemetery or crematory Ader Hill Crematory

Location Washington, D.C.

18. Funeral director James A Spence

Address Easton, Md.

19. Feb. 17 1940 (Date rec'd by registrar) Joseph A Ross Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 1940, at 7:00 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 11 1940, to Feb 17 1940, and that I last saw him alive on Feb 16 1940.

Immediate cause of death Acute cardiac failure — DURATION 6 da.

Due to Cirrhosis of the liver — ?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Tyler Baker M.D. M. D. or other

Address Easton, Md Date signed 2-17-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (37a)

CERTIFICATE OF DEATH

02320

Reg. Dist. No. 2-90

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles H McNeal

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W.	Married

6 (b) Name of husband or wife Mrs Mattie McNeal

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March , 1862

8. AGE: Years 78 | Months 11 | Days | If less than one day hrs. min.

9. Birthplace Trappe, Talbot Co, Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Daniel McNeal

13. Birthplace Unknown

MOTHER 14. Maiden name Unknown

15. Birthplace "

16. Informant Mrs. Samuel D. Carroll

Address Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/15/40 (month) (day) (year)

Cemetery or crematory Landing Neck

Location Easton Md R.D.

18. Funeral director James A Johnson

Address Easton, Md

19. 2/15 (Date rec'd by registrar) 1940 N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1940, at 7:08 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 11 1940, to Feb 13 1940, and that I last saw him alive on Feb 13 1940.

Immediate cause of death	DURATION
Shock	
Due to Prostatic Hypertrophy	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Benign Prostatic Hypertrophy

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE T. S. Cox M. D. or other

Address Easton Md Date signed 2-15-40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02321

CERTIFICATE OF DEATH

Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Bozman
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 76 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION) no
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Adora Mc. Quay

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife J. Edwin Mc. Quay
6(c) If alive, give age 88 years

7. Birth date of deceased (mo., day, yr.) April 5 1863

8. AGE:

Years	Months	Days	If less than one day
76	10	9	hrs. min.

9. Birthplace Bozman (Town, county, and state)
10. Usual occupation House wife
11. Industry or business
FATHER 12. Name Benjamin Mc. Quay
13. Birthplace Bozman, Md.
MOTHER 14. Maiden name Sara Jones
15. Birthplace Bozman, Md.
16. Informant Charles G. Mc. Quay
Address Bozman, Md.
17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof Feb. 17, 1940 (month) (day) (year)
Cemetery ~~or crematory~~ Church Cemetery
Location Bozman, Md.
18. Funeral director Newnam & Harrison
Address St. Michaels, Md
19. Feb 16 1940 (Date rec'd by registrar) John H. Wales Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1940, at 5:30 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 13 1940 to Feb 14 1940 and that I last saw h[illegible] alive on Feb 14 1940.

Immediate cause of death	DURATION
Acute Cardiac Dilatation	
Due to Bronchial Allergy	2 days
Due to	
Other conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ~ Date of ~
Where did injury occur? ~ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ~
Means of injury ~ Injured at work? ~

23. SIGNATURE T. B. Lewis, M.D. M. D. or other
Address St. Michaels Date signed 2/15/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (312)

02322

CERTIFICATE OF DEATH

Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town St. Michaels

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 73 9 5

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Laura Agnes Morris

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife W. D. J. Morris

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18 1866

8. AGE:

Years	Months	Days	If less than one day
73	9	5	hrs. min.

9. Birthplace St. Michaels, Talbot Co. Md

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name William Blades

13. Birthplace St. Michaels, Md

MOTHER

14. Maiden name Caroline Caulk

15. Birthplace St. Michaels, Md.

16. Informant W. D. J. Morris

Address St. Michaels, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 25, 1940 (month) (day) (year)

Cemetery or crematory Olivet Cemetery

Location St. Michaels, Md

18. Funeral director Newnam & Harrison

Address St. Michaels, Md.

19. Feb 24 1940 (Date rec'd by registrar) John Howard Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 14 1940 to Feb 23 1940 and that I last saw h-- alive on Feb 23 1940.

Immediate cause of death	DURATION
Chronic Myocarditis	7
Due to Chronic Nephritis	1
Due to Arterial Hyper tension	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Hope M.D.

M. D. or other

Address St Michaels, Md Date signed 2/23/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (186-a)

CERTIFICATE OF DEATH

02323

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 17 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot
City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Sarah Chambers Parrott

3. (b) Social Security Number No

4. Sex F.
5. Color or race W.
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Wm Nicholas Parrott
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) May 22, 1858

8. AGE: Years 81 Months 9 Days 7 If less than one day ___ hrs. ___ min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual occupation Housework.
11. Industry or business
FATHER 12. Name James Madison Parrott
13. Birthplace Md.
MOTHER 14. Maiden name Matthews
15. Birthplace not known
16. Informant James S. Parrott
Address Easton Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/2/40 (month) (day) (year)
Cemetery or crematory Spring Hill 3/
Location Easton Md
18. Funeral director James A. Spence
Address Easton Md
19. 3/1 1940 (Date rec'd by registrar) N. H. Neirees Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 29 1940, at 48 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 1936, to Feb 29 1940, and that I last saw her alive on Feb 29 1940

Immediate cause of death	DURATION
Chronic myocarditis	4+
Due to	
Due to	
Other conditions Fractured neck of femur	1936

Due to an accidental fall in her home. C.W.S.R.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) in her home.
Means of injury Accidental fall. Injured at work?

23. SIGNATURE Joseph A. Ross Md M. D. or other
Address Grapper Md Date signed 3/1/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (181)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

02324

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Easton Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 2 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Preston, Md (Rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Delores Mae Payne

3. (b) Social Security Number None

4. Sex F
5. Color or race W
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 11, 1939
8. AGE: Years | Months 10 | Days | If less than one day hrs. min.
9. Birthplace Easton, Talbot Co, Md.
(Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name Charles Payne Jr.
13. Birthplace Md.
MOTHER 14. Maiden name Agnes Fluharty
15. Birthplace Preston, Md.
16. Informant Mrs. Mary Fluharty
Address Preston, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/14/40 (month) (day) (year)
Cemetery or crematory Linchester
Location Linchester Md
18. Funeral director J. J. Frampton Son.
Address Federalsburg Md.
19. 2/12 1940 (Date rec'd by registrar) N. H. Nerius Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11 1940, at 11:40 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 9 1940, to Feb. 11 1940, and that I last saw her alive on February 11 1940.

Immediate cause of death
Accident.
First degree burns of body & face
Due to Scalded by hot water.
There was no burning building involved.
Due to C.W.S.P.
Other conditions Cerebral embolus
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION
2/9/40 2 hours before admission
2/11/40

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Accident. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Scalded by hot water Injured at work?

23. SIGNATURE W. E. Palmer M. D. or other
Address Easton Md Date signed 2/17/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02325

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot.
City or town Easton,
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 45 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Annie H. Rowe.

3. (b) Social Security Number 212-03-7815

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Married.

6 (b) Name of husband or wife Clarence N. Rowe
6(c) If alive, give age 34. years

7. Birth date of deceased (mo., day, yr.) Not Known.

8. AGE: Years	Months	Days	If less than one day
45			hrs. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual occupation Lynotype Operator.
11. Industry or business
FATHER 12. Name Rose Furgerson
13. Birthplace Md.
MOTHER 14. Maiden name Annie Norris
15. Birthplace Md.
16. Informant Clarence N. Rowe.
Address Easton. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 5th 1940 (month) (day) (year)
Cemetery or crematory Spring Hill
Location Easton, Md.
18. Funeral director James A. Johnson
Address Easton. Md. R.F.D.
19. 2/3 (Date rec'd by registrar) 1940 N.H. Norris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2 1940, at 3:40 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1936, to 2-2-1940; and that I last saw h-ex- alive on 2-1-1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	4 yrs ?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE P. E. Cox M. D.
M. D. or other
Address Easton Md. Date signed 2-5-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-a)

02326

CERTIFICATE OF DEATH

Reg. Dist. No. 7-7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Oxford
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Entire life.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infant give residence of mother)
State Maryland County Talbot
City or town Oxford Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Meta M. Skinner

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	colored	Married

6 (b) Name of husband or wife Nathan Skinner
6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Aug. 12 1880

8. AGE: Years	Months	Days	If less than one day
59	6	13	hrs. min.

9. Birthplace Wyetown, Talbot Co. Md.
(Town, county, and state)
10. Usual occupation Housewife.
11. Industry or business
FATHER 12. Name George Chase
13. Birthplace Talbot Co.
MOTHER 14. Maiden name Hester Nichols
15. Birthplace Talbot Co.
16. Informant Nathan Skinner
Address Oxford Md
17. Burial. Date thereof February 28 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Oxford Neck Colored
Location near Oxford, Md.
18. Funeral director Maurice E. Newnam & Son
Address Easton Md.
19. Feb 27 1940 Joseph A Ross Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1940, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1940 to Feb. 25 1940, and that I last saw him alive on Feb. 25 1940.

	DURATION
Immediate cause of death Acute Myocarditis	1/1/40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Harwood T. Pratt M.D.
M. D. or other
Address Easton, Md. Date signed 2/24/40

RECEIVED
MAR 2 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

CERTIFICATE OF DEATH

Reg. Dist. No. 02327

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Talbot

City or town: Rural Near Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: "Outside"

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 8 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Talbot

City or town: Rural Near Easton Ward No.:

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Archibald Spencer

3. (b) Social Security Number: No.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife: Sallie A. Spencer

6(c) If alive, give age: 77 years

7. Birth date of deceased (mo., day, yr.): Jan 1st 1860

8. AGE:

Years	Months	Days	If less than one day
80.	1	25	hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER — 12. Name: Edward Spencer

FATHER — 13. Birthplace: Md.

MOTHER — 14. Maiden name: Mary Elizabeth Satchell

MOTHER — 15. Birthplace: Md.

16. Informant: Edward Spencer

Address: Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/29/40 (month) (day) (year)

Cemetery or crematory: Spring Hill

Location: Easton Md.

18. Funeral director: James A Spence

Address: Easton, Md.

19. 2/28 1940 (Date rec'd by registrar) W. H. Meires Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 26th 1940, at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 4th 1939 to Feb 26th 1940, and that I last saw him alive on Feb 18th 1940.

Immediate cause of death	DURATION
(a) Adeno carcinoma of face	11 mos
Due to	
Due to	
Other conditions: Pritrial Stenosis	10 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Jack B. Herbert M.D. M. D. or other

Address: Easton, Md. Date signed 2/28/40

RECEIVED
MAR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr Book

02328

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Bellevue
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): all of life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Talbot
City or town: Bellevue Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Earnest A. Townsend

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife: Elizabeth Maiden

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 18-1873

8. AGE: Years	Months	Days	If less than one day
66	5	13	hrs. min.

9. Birthplace: Bellevue
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Phillip A Townsend
13. Birthplace: Bellevue Md.

MOTHER
14. Maiden name: Maria Benson
15. Birthplace: Royal Oak Md

16. Informant: Elizabeth Townsend
Address: Bellevue Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 3-1940 (month) (day) (year)
Cemetery or crematory: Spring Hill Cemetery
Location: Easton Md.

18. Funeral director: John D. Williams
Address: Easton Md.

19. 2/2 1940 (Date rec'd by registrar) N. H. Norris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 1 1940, at 1045 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-9-1940, to 2-1 1940, and that I last saw him alive on 1-31-1940.

Immediate cause of death	DURATION
Miliary Tuberculosis	4 months
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: P. E. Cof M. D. or other
Address: Easton Md. Date signed 2/2/40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85a)

CERTIFICATE OF DEATH

02329

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 21 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ennalls Seul

3. (b) Social Security Number No.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W.	Married

6 (b) Name of husband or wife Laura Estella Seul
6(c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) June 27, 1861

8. AGE: Years	Months	Days	If less than one day
78	7	19	hrs. min.

9. Birthplace Mary Land (Town, county, and state)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name Samuel Seul
13. Birthplace Md

MOTHER
14. Maiden name Margaret Carey
15. Birthplace Md

16. Informant Ernest Ennalls Seul
Address Easton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 19, 1940 (month) (day) (year)
Cemetery or crematory Spring Hill
Location Easton Md

18. Funeral director James A Spencer
Address Easton Md

19. 2/17 (Date rec'd by registrar) 1940 N. H. Merrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16, 1940, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 26 1940, to Feb 16 1940, and that I last saw h- -im alive on Feb. 16 1940.

	DURATION
Immediate cause of death Pneumonia, hypostatic	1 wk.
Due to Senility & generalized debility	
Due to Cerebral accident (vascular)	6-7 mons.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Ernest D. Bugg M.D.
M.D. or other
Address 208 Talbot St. Date signed Feb. 17/40
Easton, Md.

RECEIVED
MAR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02330

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Talbot Co.

City or town: Easton, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days): 38 minutes

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Hurlock Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Gerald Tull

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Single

6 (b) Name of husband or wife: John Henry Tull

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 10, 1938

8. AGE:

Years	Months	Days	If less than one day
1	4 3	28	hrs. min.

9. Birthplace: Cambridge Md. (Town, County, and state)

10. Usual occupation: None

11. Industry or business: None

FATHER

12. Name: John Henry Tull

13. Birthplace: Trappe, Md.

MOTHER

14. Maiden name: Beatrice Green

15. Birthplace: Dorchester Co.

16. Informant: Father

Address: Hurlock, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 10 1940 (month) (day) (year)

Cemetery or crematory: Washington

Location: Hurlock

18. Funeral director: E. B. Willoughby,

Address: Hurlock

19. 2/8 1940 N. H. Meeres

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 8 1940, at 2:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 5 1940, to Feb 8 1940, and that I last saw him alive on Feb 8 1940.

	DURATION
Immediate cause of death: Meningitis	
Pneumococcus.	5 days.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Eleanor H. McCoy M. D. or other

Address: Easton, Md. Date signed

RECEIVED
MAR 6 1940
BUREAU V. S.

02331

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Talbot Registration Dist. No. 294

Village or City Wittman No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME infant williams If U. S. Veteran, specify WAR

(a) Residence: No. Wittman Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of infant

6. DATE OF BIRTH (month, day, and year) Feb 29 1940

7. AGE Years infant Months Days If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wittman Md (State or country)

FATHER

13. NAME James Yucco

14. BIRTHPLACE (city or town) Wittman Md (State or country)

MOTHER

15. MAIDEN NAME Margaret Williams

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Bess Williams (Address) Wittman Md

18. BURIAL, CREMATION, OR REMOVAL

Place Wittman Md Date 2/29, 1940

19. UNDERTAKER James Yucco (Address) Wittman Md

20. FILED 2/29, 1940 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 29 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 29 1940 to Feb 29, 1940

I last saw him alive on still born, 19___; death is said to have occurred on the date stated above, at ___ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

(still born) premature birth 6 mos.

Date of onset

Other Contributory Causes of Importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of Injury ___

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ___

(Signed) [signature] M. D.

(Address) Tilghman Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED APR 7 1930 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (745)

CERTIFICATE OF DEATH

02332

Reg. Dist. No. 39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Rural Rout Oxford
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 48 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Rural Rout Oxford Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Sarah Bland Elzidah Wilson

3. (b) Social Security Number No

4. Sex F. | 5. Color or race C. | 6.(a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife James Edward Wilson | 6(c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) July 15th 1892

8. AGE: Years 48 | Months 4 | Days 22 | If less than one day ____ hrs. ____ min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Not known.
13. Birthplace

MOTHER 14. Maiden name Not known.
15. Birthplace

16. Informant James Edward Wilson.
Address Oxford, Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof 2/26/40 (month) (day) (year)

Cemetery or crematory Odd Fellows
Location Trappe Station

18. Funeral director James A. Spence
Address Easton Md

19. Feb 25 1940 (Date rec'd by registrar) Joella Ross Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23rd 1940, at 89 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 13 1940, to Feb. 23rd 1940, and that I last saw her alive on Feb 17 1940

Immediate cause of death Influenza — DURATION 10 days

Due to —

Due to —

Other conditions Leukemia Internal Hemorrhage
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Joella Ross M. D. or other
Address Trappe Md Date signed 2/25/40

CEIVED
MAR 2 1940
U. S.